

Sandia Total Health Benefits at-a-Glance

Here's a look at the 2010 benefits available under Sandia Total Health.

2010 Plan Feature	New Sandia Total Health	
	In-Network	Out-of-Network
Annual Deductible¹ Employee-Only Employee + Spouse or Child(ren) Employee + Spouse + Child(ren) <i>Note: In- and out-of-network deductibles do not cross-apply.</i>	\$750 Up to \$1,500 (max. of \$750 per person) Up to \$2,250 (max. of \$750 per person)	\$2,000 Up to \$4,000 (max. of \$2,000 per person) Up to \$6,000 (max. of \$2,000 per person)
Annual Health Reimbursement Account Contribution from Sandia (if you complete a Health Assessment and screenings) Employee-Only Employee + Spouse or Child(ren) Employee + Spouse + Child(ren) <i>Note: If you don't take a Health Assessment and complete your screenings, you will receive \$250 less than if you do take a Health Assessment and complete your screenings. For employee-only coverage, this means you will receive \$0.</i>	\$250 Sandia contribution \$500 Sandia contribution \$750 Sandia contribution	
Preventive Care²	100% covered	60% covered
Coinsurance¹ (% of the cost of services you pay)	You pay 20%	You pay 40%
Office Visits	You pay 20%	You pay 40%
Prescription Drugs² (Maximum 30-day supply for retail and 90-day supply for mail-order) Generic Brand-Name Preferred Brand-Name Non-Preferred <i>Note: There is an annual out-of-pocket maximum of \$1,500 per person for prescription drugs.</i>	You pay 20% You pay 30% You pay 40% <i>Note: There is an annual out-of-pocket maximum of \$1,500 per person for prescription drugs.</i>	You pay 50% You pay 50% You pay 50% <i>Note: There is no out-of-pocket maximum for out-of-network prescription drugs.</i>
Annual Calendar-Year Out-of-Pocket Maximum Employee-Only Employee + Spouse or Child(ren) Employee + Spouse + Child(ren) <i>Note: In- and out-of-network out-of-pocket maximums do not cross-apply.</i>	\$2,750 (includes deductible) \$5,500 (includes deductible) \$8,250 (includes deductible) (excludes prescription drug costs)	\$8,000 (includes deductible) \$16,000 (includes deductible) \$24,000 (includes deductible) (excludes prescription drug costs)

¹ If one person in your family meets the \$750 per person deductible, coinsurance will start for that person only.

² Not subject to the annual deductible.